



## Fairfax County Park Authority Spring Break Camps 2006



Welcome to the 2006 Spring Break Camp program. Your child is scheduled to attend the camp that is listed on the outside label of this packet (above child's name). Please check the label to be sure that your child is registered for the correct camp/date. It is important that we have your correct phone number and address on file, so if you have moved, contact us at (703)222-4664.

There is a **NEW** system for purchasing **Extended Care!**

Please refer to the Extended Care information sheet in this packet.

### **Below is a checklist to help you prepare your child for camp:**

For **ALL** Camps:

- ✓ Campers should bring a labeled backpack/sports bag to keep track of belongings
- ✓ Bring snack and drink for all half day camps and snack, drink, snack and lunch for full day camps
- ✓ Bring a labeled water bottle
- ✓ Some camps will swim daily, others may receive some swim time each week. Please check with your camp site for exact swim days. On swim days, child should come with swimsuit and towel.
- ✓ Dress children in comfortable play clothes and sneakers; NO sandals. NO flip flops.
- ✓ Complete Emergency, Pick Up Form and Rules of Conduct- see below for how to submit forms
- ✓ Submit a copy of the child's immunization record
- ✓ Show proof of child's identity on first day- birth certificate, public school report card or passport
- ✓ Provide a signed Medication Authorization if medication is to be administered during camp. These forms are on the website at [www.fairfaxcounty.gov/parks](http://www.fairfaxcounty.gov/parks) or available at RECenters.
- ✓ **SUBMITTING FORMS:**

**These locations ask you to bring all camp forms on the first day of camp:**

**Lake Accotink, Audrey Moore, Lee District, Providence, Cub Run,  
South Run, Spring Hill**

**These sites want to receive your forms prior to camp (drop off forms prior to camp):**

**Oak Marr, Mt Vernon (it's recommended not to send camp forms through the mail).**

For refunds/transfers information: see Parent's Information and Camp Policies in this packet

**\*\*In addition to the above items, a CAMP-SPECIFIC CHECKLIST IS ON BACK**

**Fun/WildnWacky/Sports/Basketball Camps:**

- ✓ Bring sports bag or backpack.
- ✓ Fun/Sports--Bring swimsuit and towel daily

**Baseball Camp**

- ✓ Baseball glove and hat to block sun
- ✓ Cleats optional (wear tennis shoes to camp)

**Mountain Biking Camps:**

- ✓ BMX or mountain bike with a minimum of 12 gears and in excellent mechanical condition (bikes should be tuned up by a bike shop prior to camp; staff are not responsible for repairs).
- ✓ Protective gear: helmet and bike gloves are mandatory (elbow and knee pads are required for freestyle camp and a hydration pack for mountain biking camp).

**In-Line Camp:**

- ✓ In-Line Skates
- ✓ Protective Gear: skateboard or bike helmet, wrist guards, elbow and knee pads.
- ✓ Label all gear with name. Arrive at camp in sneakers; bring skates and protective gear in bag.

**Roller Hockey Camp:**

- ✓ In-Line Skates and Stick
- ✓ Protective Gear: helmet with face mask, hockey gloves, knee and elbow pads.
- ✓ Label all gear with name. Arrive at camp in sneakers; bring skates and protective gear in bag.

**Skateboard and Aggressive In-Line Camp:**

- ✓ Skateboard or Aggressive In-Line skates with "H block" and grind plates
- ✓ Mandatory Protective Gear: skate board or bike helmet, wrist guards, knee and elbow pads.
- ✓ Label all gear with name. Arrive at camp in sneakers; bring skates and protective gear in bag.

**Soccer Camps:**

- ✓ Cleats and shin guards (wear tennis shoes to camp)
- ✓ Rain jacket and soccer attire

**Watershed Exploration Camp:**

- ✓ Change of shoes and socks

**Junior Lifeguard Camp**

- ✓ Bathing suit and towel

**Tennis Camp:**

- ✓ Tennis Racquet and one can of unopened balls

**Doggone Fun Camp:**

- ✓ Bring leash (under 10 feet; no retractable leashes!), water bowl, copy of rabies and vaccination record, and treats. Campers should bring a snack, drink, and water bottle for themselves. Bring your dog every day. Dogs should be well-behaved around children and other dogs. Children MUST be able to handle their dog.

**If your camp is not listed here, it is a specialized camp.  
Contact the site for details.**



## FAIRFAX COUNTY PARK AUTHORITY

### Parent Information & Camp Policies



Welcome to Fairfax County Park Authority camps! Our goal is to provide children with a safe and enjoyable camp experience where children can develop skills, form friendships and enhance self-esteem. Please make sure your child comes to camp with the proper items and be sure you have read all of the information in this packet. It is also important to make sure we have the most current information on your member account (phone number and address). If you have moved and need to update your member account, please call (703)222-4664.

#### **ADMINISTERING MEDICATION**

MEDICATION WILL NOT BE ADMINISTERED UNLESS AUTHORIZATION FORMS ARE COMPLETED, SIGNED BY PROPER AUTHORITIES, AND RETURNED. If your child will need medication administered during program hours, please download authorization forms from our website at [www.fairfaxcounty.gov/parks](http://www.fairfaxcounty.gov/parks) or call (703)324-8571 to request Authorization Forms. Staff is not permitted to administer medications, whether over-the-counter or prescription, without proper paperwork completed. Medications will be locked up and must be sent in the original container. Please remember to pick up unused medicine containers at the end of camp or it will be discarded within 14 days. Long term medications (over 10 days) require doctor's signature.

#### **PHYSICAL EXAMINATION & IMMUNIZATION RECORD**

Before admission, a copy of the child's immunization record must be on file at camp. If the child is attending camp for more than four weeks, a physician signed physical exam record must be submitted.

#### **SICK/ILL CHILDREN AND PREVENTING THE SPREAD OF DISEASE**

Please keep your child home if he/she shows signs of a communicable disease or illness including vomiting, diarrhea, or a temperature of over 100 degrees. If a camper becomes ill, parents must pick up the sick child immediately. Sites will notify all parents about disease outbreaks. A doctor's note is required before children may return. Parents should notify the site within 24 hrs. if a member of the household develops a communicable disease. In the case of a life threatening disease, parents must notify the site immediately. If a serious injury occurs at camp, parents will be notified immediately.

#### **SIGNING IN/OUT**

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick Up Authorization Form. Custodial parents/guardians have the right to be admitted into the program, however for custody issues requiring special attention please notify the camp site staff. Parents must sign-in and walk children to the specific meeting area. If arriving late, please check in with the Camp Director.

#### **CHILDREN'S BELONGINGS**

Please label ALL belongings. The FCPA and the site staff are not responsible for lost/stolen items. Personal belongings should be kept in a bag or backpack which will be stored in program area.

#### **EXTENDED CARE**

Please refer to the attached Extended Care sheet.

#### **LATE PARENT POLICY**

If a parent or authorized person is late in picking the child up, a late fee of \$5 for every 15 minutes will be applied. If a child is consistently picked up late, the child may be dismissed from the program. Children become upset when parents are not on time, please call the site if you know you will be late. A staff member will remain with the child up to one hour after the program ends. After one hour, Child Protective Services will be called.

#### **BEHAVIOR MANAGEMENT AND DISCIPLINARY ACTIONS**

If a child brings a weapon to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and no refund will be given. For inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action. FCPA reserves the right to immediately dismiss a child from any program. STAFF WILL NEVER: 1) use physical punishment; 2) be verbally abusive; 3) force, withhold, or substitute food; 4) give any child the authority to punish another child; 5) place a child out of visual/hearing sight, in the dark, or in an unventilated place; 6) punish a child for a toileting accident.

All participants enrolled in Fairfax County Park Authority programs must meet the code of conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without

staff support; (2) stay with assigned group; (3) respect others (listen, follow directions, use appropriate language, keep hands to oneself); (4) maintain self control; (5) meet the prerequisite skills for the program if required.

#### **FOOD FROM HOME AND CANDY MACHINE USE**

It is recommended that lunches and snacks brought from home be nutritious and nonperishable and packed in a soft cooler/lunch bag with an ice pack. Please label food container with the date and child's name. We ask that parents take home unused portions of open food at the end of the day or it will be thrown away. Please check with the program staff regarding the use of candy machines by children and refrigeration as most sites do not have access to refrigerators. Parents will be notified to bring in lunch in the event a child does not have one. Camp Directors will work with parent to make sure children receive lunch.

#### **POOL REGULATIONS**

Not all programs use the pool. Swimmers are required to take a soap shower before entering the pool. Life vests/water wings are permitted in shallow water with direct supervision. Masks, snorkels, and fins may be used at the guards' discretion and based on demonstrated ability. Children must pass a proficiency test to go in water over their shoulders. Children with skin infections, open wounds, nasal or ear discharge, or any communicable disease, are not permitted in the pool. No sauna or spa use.

#### **SUNSCREEN & INSECT REPELLENT**

Staff is not permitted to apply sunscreen, insect repellent or lotion to children. Campers over the age of five may bring sunscreen to camp. Campers under nine years of age will be given assistance when applying their own sunscreen. Campers nine and older may apply their own sunscreen. All sunscreen must be in the original container labeled with the child's name. Please apply sunscreen to child before camp. Insect repellent is not permitted at camp for children of any age. You may, however, apply it to your child beforehand.

#### **REPORTING CHILD ABUSE & NEGLECT**

If it is suspected that a child has been abused, neglected, or exploited in any way, program staff is required to report it to Youth Services and Child Protective Services.

#### **REFUNDS/TRANSFERS**

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call (703)222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds and transfers must be requested at least ten business days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds per session. Refunds are not permitted for those who register within ten business days prior to the start of a camp session. Transfers cannot be done within the ten business day period before the start of camp. Within the ten business days of the start of camp, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received BEFORE the camp begins. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours for a pro-rated refund. Requests received after the camp session ends will not be granted.

#### **QUESTIONS/CONCERNS**

Concerns should always be addressed at the site through the lines of authority:  
Camp Counselors ? Camp Directors ? Site Programmer/Contractor ? Site Manager

#### **LICENSING INFORMATION**

The VA Department of Social Services licenses child day programs. Many of the policies in this packet were established based on the standards required by the state. This includes the requirement of parents to provide proof of child's identity for staff to review, by providing a certified copy of your child's birth certificate or one of the valid forms of identity listed on the Pick Up Authorization Form. Compliance with standards is determined by visits to the site by licensing staff. For more licensing information please contact the Fairfax Licensing Office at (703)934-1505. Parents may inquire about the site's emergency preparedness plan by contacting the site manager. In the event of an emergency, please contact your child's site for further instructions.



Accommodations: If participation accommodations and/or alternative information formats are needed in accordance with the Americans with Disabilities Act, please call (703)324-8563 at least 10 working days in advance of the date needed. TTY (703)803-3354



# FCPA Camp

## Extended Care




Before and after camp care is available at several RECenter/Park locations. This service, designed for children 6 years and older, provides additional morning and afternoon care for campers of working parents, but is open to all children in full day camps. Campers stay in a safe environment and get to choose from these supervised activities which are provided during Extended Care : board games, cards, drawing/coloring, and age-appropriate movies.

Now you can pre-register (just like camps) for Extended Care listed below on-line at [www.fairfaxcounty.gov/parks](http://www.fairfaxcounty.gov/parks) or register by phone (703)222-4664 or in-person at our RECenters and parks listed below.

**Flexible Packages:** No more punch passes! Packages are offered weekly -- be sure to register for both weeks if your child's camp is a two week session and you need both weeks of care. Morning sessions allow you to choose between one and two hour options . There is also a daily, per session, drop-in rate for those who need last minute care.

**Refunds/Transfers:** Extended Care refunds are given in full if requests are made at least ten working days in advance. There are NO refunds given within ten days or once camp begins. Transfer requests, including transfers from one site to another, will be granted up until that specific camp session begins for which the transfer is being requested.

EXTENDED CARE FOR <b>SPRING BREAK</b> (April 10-14)			
<b><u>Weekly Sessions:</u></b>	<b><u>Daily Fees Per Session:</u></b>	<b><u>Sites Offering Extended Care</u></b>	<b><u>Dates</u></b>
7-9am = \$35/week	Drop-in = \$10 per session	Audrey Moore RECenter	April 10-14
8-9am = \$20/week		Cub Run RECenter	April 10-14
4-6pm = \$35/week		Lee District RECenter	April 10-14
		Mt Vernon RECenter*	April 10-21*
		South Run RECenter	April 10-14
		Spring Hill RECenter	April 10-14
		Providence RECenter	April 10-14
*Mt Vernon also offers Extended Care for April 17-21 week			

EXTENDED CARE FOR SUMMER			
<u>Weekly Sessions :</u> 7-9am = \$35/week 8-9am = \$20/week 4-6pm = \$35/week	<u>Daily Fees Per Session:</u> Drop-in = \$10 per session	<u>Sites Offering Extended Care</u> Audrey Moore RECenter Cub Run RECenter Lee District RECenter Mt Vernon RECenter Oak Marr RECenter South Run RECenter Spring Hill RECenter Providence RECenter Lake Accotink Park **	<u>Dates</u> June 19-September 1 June 19-August 18 June 19-August 25 June 26-August 18 June 26-August 18 June 26-September 1 June 26-September 1 June 26-August 25 June 26-August 18
			
**Lake Accotink Park offers morning care only from 8-9am as well as aftercare from 4-6pm			



Accommodations: If participation accommodations or alternative formats are needed in accordance with the Americans with Disabilities Act, please call (703)324-8563 at least 10 working days in advance of the date needed. TTY (703)803-3354



## Fairfax County Park Authority Camp Program Rules of Conduct



Children and parents should review this together and sign below. This document is a requirement for camp enrollment.

### **Children must:**

- ☺ Maintain personal care (toileting, changing) without staff support (exception: children in Kiddie Camp)
- ☺ Stay with assigned group at all times
- ☺ Respect others in what you say and do
- ☺ Listen to program leaders and follow directions
- ☺ Use appropriate language
- ☺ Keep hands to oneself and maintain self control
- ☺ Take care of their own belongings
- ☺ Use equipment and supplies in a safe and appropriate manner
- ☺ Teasing and bullying are not tolerated and are grounds for enrollment termination and children should report these incidents immediately to their counselor
- ☺ Play safe and have fun

### **Parents must:**

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program and bring proper I.D.
- Be on time to pick up children
- Assist staff in resolving behavior issues
- Contact the Camp Director or Program Manager immediately when issues arise

### **Grounds for Immediate Dismissal (no refund given):**

- A parent who refuses to follow FCPA policies as stated in the parent packet
- A child who brings a weapon to camp
- A child who intentionally harms himself or causes injury to another child or staff member
- A child who vandalizes the property of the camp facility, staff or other children
- A child who steals items from the camp facility, staff or other children
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules of Conduct

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Child's Name (please print) \_\_\_\_\_

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent's home phone \_\_\_\_\_ work phone \_\_\_\_\_



# Fairfax County Park Authority

## Children's Emergency and Medical Information

Child's Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First MI Nickname

Address: \_\_\_\_\_  
Street City State Zip

Phone (h): \_\_\_\_\_ Child's Date of Birth / / / / / / / /

Parent/Guardian Name: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street (if different from child's) City State Zip

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street (if different from child's) City State Zip

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c ) \_\_\_\_\_

Parents/Guardians Place of Employment: father \_\_\_\_\_ mother \_\_\_\_\_

**\*\*Mandatory 2 Emergency Contacts other than parents (required by the VA Dept of Social Services)**

Emergency Contact #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Child's Physician (name & phone) \_\_\_\_\_

Insurance Company (name & policy #) \_\_\_\_\_

☐ Yes ☐ No Is your child under physician's care or taking medications on a continuing basis? If yes, please explain what for.

☐ Yes ☐ No Does your child have a contagious disease? If yes, please describe. \_\_\_\_\_

☐ Yes ☐ No Does your child have any allergies? If yes, please specify allergies. \_\_\_\_\_

What should be done if your child comes into contact with an allergen? \_\_\_\_\_

☐ Yes ☐ No Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please explain and call (703)324-8563 to report condition. \_\_\_\_\_

☐ Yes ☐ No Does your child take medications? If yes, please list. If during camp, you must contact Youth Services for proper medical authorization forms.

☐ Yes ☐ No Is your child allowed to participate in swimming/wading activities if included in the program?

Your child's swimming ability is: ☐ Non-swimmer ☐ Beginner Swimmer ☐ Experienced Swimmer

☐ Yes ☐ No I give my child permission to apply sunscreen to him/herself and I will be supplying my child with sunscreen. My child may have these adverse reactions to the sunscreen \_\_\_\_\_ in which case you should \_\_\_\_\_.

What schools or other programs does your child attend? \_\_\_\_\_

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize the FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises that I carry health insurance for my child. I have read the policies for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

Parent/Guardian's Signature

Date

See reverse side

IMMUNIZATION RECORD (must be completed for camp or a copy signed by a physician must be attached to this form)

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOES ADMINISTERED				
Diphtheria/Tetanus/Pertussis(DTP)	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
Diphtheria/Tetanus (DT or Adult Td)	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
Poliomyelitis (OPV or IPV)	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
Measles (Rubeola)	/ / / /	/ / / /	/ / / /		
Rubella	/ / / /	/ / / /	/ / / /		
Mumps	/ / / /	/ / / /	Before 08/01/81 / / / /		
Measles, Mumps, Rubella (MMR)	/ / / /	/ / / /			
Hepatitis B Vaccine	/ / / /	/ / / /	/ / / /	Other:	/ / / /

Haemophilus influenzae Type b (Hib Conjugate): PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.

/ / Has received complete series of Hib vaccine in accordance with current recommendations of the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE.

/ / Has received the AGE APPROPRIATE doses of Hib vaccine as recommended by the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE, the series will be completed on (RECORD COMPLETE DATE (month, day, year):

Series Completion Date: / /  
MO DAY YR

/ / Hib vaccine is not indicated because this child has had Hib disease at 24 months of age or older.

/ / Being over 30 months of age, this child is not required by law to have proof of immunization against Hib.

I certify that this student is ADEQUATELY IMMUNIZED in accordance with the MINIMUM requirements for attending programs licensed by the VA Dept of Social Services.

Name and Address of Physician/Health Dept \_\_\_\_\_

Signature of Physician or Health Dept. Official: \_\_\_\_\_; Date (mo, day, yr): / / / /

PHYSICAL RECORD (required if child is attending the program for more than 30 days)

Date of Most recent Physical \_\_\_\_\_

Findings: \_\_\_\_\_

This child appears to be in good physical health and free of communicable disease.

Name and Address of Physician/Health Dept \_\_\_\_\_

Signature of Physician or Health Dept. Official: \_\_\_\_\_; Date (mo, day, yr): / / / /





# Fairfax County Park Authority

## Pick Up Authorization & Child Identity Verification



**Child's Name:**

**Camps Child is Enrolled in:**

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked at sign out. (please include yourself)

Authorized Person's Name (please print)	Relationship to Child	Phone Number

**Name of persons NOT allowed to pick up child (appropriate custody papers shall be attached if a parent is not allowed to pick up the child):**

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**Please complete reverse side**

**CHILD IDENTITY VERIFICATION/PROOF OF CHILD'S IDENTITY**

(required by Code of Virginia 63.2-1809 for licensed programs)

FOR SAFETY REASONS, PLEASE DO NOT SEND IN PROOF OF IDENTITY. PROOF MUST ONLY BE SHOWN TO STAFF UPON ARRIVAL ON THE FIRST DAY OF CAMP.

Proof of child's identity and age may include any of these: original or certified copy of child's birth certificate, birth registration card, notification of birth record, passport, adoption/foster placement agreement, or public school report card.

Although we cannot keep a child out of camp without this proof, we are required, by law, to notify the local law-enforcement agency within seven days if we are not shown proof of child's identity.

Please complete the following information before arriving at camp:

<b>Type of Proof (passport, birth certificate)</b>	<b>Child's Date of Birth</b>	<b>Certificate Number or Document Number</b>	<b>-FCPA Use- FCPA Approval</b>



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- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules of Conduct

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Child's Name (please print) \_\_\_\_\_

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent's home phone \_\_\_\_\_ work phone \_\_\_\_\_

## Management of Behavior


From time to time, staff must take actions to resolve a problem that is disruptive to the program and other participants. Behavior guidance requires very specialized skills and although staff are not behavior specialists, staff are trained to provide basic behavior interventions. In the management of disruptive and inappropriate behaviors, staff will use the following techniques:

- √ Acknowledge the behavior and address it with the child
- √ Assess the reasons for the behavior
- √ Discuss with the child what is appropriate behavior
- √ Redirect or ignore behaviors when appropriate
- √ Model appropriate behaviors
- √ If necessary, remove the child from the activity until the child can exhibit self control
- √ Discuss the behavior problems with the parent(s) and strategize with them possible solutions

In situations where inappropriate or disruptive behavior is reoccurring, it is possible for the child's enrollment in the program to be terminated.

The staff does NOT use physical punishment or restraints, humiliation or shaming, or denial of food as methods to manage behavior.

The FCPA appreciates your support. Staff uses a proactive approach to meet the needs of the children by planning age and ability appropriate activities that provide a fun and safe recreational program.

Note:  ADA accommodations are available upon request for persons with disabilities who need support to meet the Rules of Conduct. Contact (703) 324-8563 for additional information. TTY (703) 803-3354